



Department of Human Resources - Technical Services Division

BENEFICIARY DESIGNATION FOR LEAVE BALANCES AND LAST WAGES

Part I: EMPLOYEE INFORMATION

Name: _____ Social Security Number: _____

Employee I.D. Number: _____

Part II: BENEFICIARY DESIGNATION FOR PAYMENT OF ANNUAL, SICK, AND COMPENSATORY LEAVE BALANCES

I, _____, Pursuant to TCA 8-50-808, designate the person or persons listed below to receive, upon my death, a lump sum payment for any annual, sick, or compensatory leave balances.

(Employee Signature)

(Date)

Leave Balance Beneficiary Information (If additional space is needed please attach a second page).

Name (First, Middle, Last)	Phone #	Address	Relationship	Sex	Birth Date	Social Security #

Part III: BENEFICIARY DESIGNATION FOR PAYMENT OF LAST WAGES

I, _____, designate the person or persons listed below to receive payment for any wages or salary due to me at the time of my death. I understand if I fail to designate a beneficiary or beneficiaries, a sum not exceeding \$10,000 will be paid out to my surviving spouse, but if none, then to my surviving children in equal percentages. If I do not have a spouse nor children, my last wages will be granted to my estate.

(Employee Signature)

(Date)

Last Wages Beneficiary Information (If additional space is needed please attach a second page).

Name (First, Middle, Last)	Phone #	Address	Relationship	Sex	Birth Date	Social Security #

State of Tennessee, County of _____

_____ personally appeared before me this _____ day of _____, 20____ and made oath that he/she executed the foregoing instrument.

Notary Public

My Commission Expires: _____